Operative Techniques in Thoracic and Cardiovascular Surgery

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Introduction

Minimally Invasive vs. Open Ivor Lewis Esophagectomy

In this edition of *Operative Techniques in Thoracic and Cardiovascular Surgery*, two superb articles on how to perform an Ivor Lewis esophagectomy are presented and well illustrated. In the first article Carolyn Reed from the Medical University of South Carolina describes her approach to performing the procedure via a laparotomy and right thoracotomy. This is the standard transthoracic approach to most lower- and mid-esophageal tumors and should be in the armamentarium of all thoracic surgeons. In the companion article James Luketich and colleagues from the University of Pittsburgh offer a succinct description of their minimally invasive Ivor Lewis esophagectomy approach. The group at Pittsburgh has more recently championed this approach in contrast to the minimally invasive three-hole approach they initially used. Both articles adhere to the principles of surgery for esophageal cancer and emphasize some of the more important technical details to avoid or minimize postoperative complications. In summary, these are two splendid articles that highlight these procedures for thoracic surgeons performing esophageal surgery.

Atrial Fibrillation Ablation: Which Energy Source, Lesion Set, Surgical Approach?

The Adult Cardiac Surgery section of this issue deals with surgical approaches to ablation of atrial fibrillation. First, in the setting of concomitant cardiac surgery, Drs. Gillinov and Soltesz detail the lesion set and energy sources employed for biatrial ablation. The other two contributors describe less invasive approaches. Dr. Rodriguez and colleagues describe a small thoracotomy approach to biatrial maze procedure employing cardiopulmonary bypass, cardiac arrest, and endocardial lesions. This procedure can be used for stand-alone atrial fibrillation or concomitant atrial fibrillation at the time of mitral valve surgery. Finally, Dr. Edgerton describes a minimally invasive approach for stand-alone atrial fibrillation utilizing exclusively radiofrequency energy. This author also details outcomes in his initial series of patients with this approach. These three articles provide an excellent overview of current energy sources, lesion sets, and surgical approaches available for the ablation of atrial fibrillation.

Aortic Valve Repair in Children: New Approaches to an Old Problem

The Congenital section of this issue covers techniques for aortic valve repair in children. These approaches have become increasingly popular as alternatives to the Ross procedure for avoiding Coumadin in young patients with aortic valve disease. The techniques necessarily vary greatly to match morphology and frequently involve more art than science. Aditya Kaza and John Hawkins from Primary Children's Medical Center, Salt Lake City, provide a comprehensive review of the available techniques. These range from the more straightforward commissuroplasty and annuloplasty to more complex pericardial patch reconstructions. Christopher Baird and Pedro del Nido, from Levine Children's Hospital and Children's Hospital Boston, describe an approach that focuses on complex valve morphology. This approach includes unique details on the configuration of the aortotomy and use of the right leaflet to augment the left and noncoronary leaflets. These two articles provide excellent illustrations of one of the more creative areas in congenital heart surgery.

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